

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

6/28/10 ROC accepted
B. Cunniff HFSTP
RECEIVED
PRINTED: 06/16/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295080	(X2) MULTIPLE CONSTRUCTION A. BUILDING JUN 23 2010 B. WING BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA		(X3) DATE SURVEY COMPLETED C 06/10/2010
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW CARE CENTER AT BOULDER CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 601 ADAMS BOULEVARD BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on May 27, 2010, and finalized on June 10, 2010, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. Complaint #NV00025306 was substantiated. (See Tag F 164) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	F 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Mountain View Care Center agrees with the allegations and citations listed on the statement of deficiencies. Mountain View Care Center maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Mountain View Care Center's written credible allegation of compliance. By submitting this plan of correction, Mountain View Care Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Mountain View Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.		
F 164 SS=E	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal	F 164	F164 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No specific residents were identified as being affected by this deficient practice. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents had the potential to be affected by this deficient practice. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Thomas Delinatti

Administrator

6-18-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	<p>Continued From page 1</p> <p>and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure resident records were disposed of in a manner to maintain the personal privacy and confidentiality of resident clinical records and personal information in accordance with the facility's Health Insurance Portability and Accountability Act (HIPAA) policy.</p> <p>Findings include:</p> <p>A confidential interview on 5/13/10 revealed that the facility social worker had disposed of resident personal health and financial information in the facility dumpster. The informant stated that documents were retrieved from the dumpster. The informant provided the documents to the Bureau office on 5/13/10. Review of the documents revealed resident clinical records and other documentation containing the residents' personal information.</p> <p>On the afternoon of 5/27/10, the Administrator indicated that they were aware of the allegations and a complaint was made to their corporate office. An investigation was conducted by the</p>	F 164	<p>All staff have been reeducated, or are scheduled to be, relative to facility HIPAA policy. Included as part of the inservice was the definition confidentiality and the residents right to privacy.</p> <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <p>Inservicing on HIPPA, confidentiality and residents right to privacy will continue to be conducted at least on a semi-annual basis. The individual responsible for the deficient practice is no longer employed at this facility.</p> <p><i>Monitored by: Administrator; All Department Heads</i></p> <p><i>Date that the corrective action will be completed:</i> April 30, 2010</p> <p><i>6/28/10 Per administrator had been corrected prior to onsite investigation for survey purposes will use 6/10/10 for correction date. B. Covarrubias HFS III</i></p>		

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F 164	<p>Continued From page 2</p> <p>facility and the allegation was substantiated regarding the Social Service Director improperly disposing of resident clinical records and information. The Administrator further indicated that when the Social Service Director was interviewed, she confirmed she disposed of old records in the dumpster because they were so old and it really would not matter where they were disposed of. As a result of the facility's investigation, the Social Service Director was terminated on 5/20/10, which was confirmed by a Corrective Action form dated 5/21/10.</p> <p>The Administrator provided the facilities policies for Health Insurance Portability and Accountability Act (HIPAA). The facilities HIPAA policy read, "Never put loose documents with resident information in the trash. The best way to dispose of documents or paper with resident information is to shred it." The Administrator indicated on 5/27/10, that the facility has three large locked shredding bins, which are locked and serviced by a storage and document destruction company. According to the Administrator, the staff are to dispose of any resident clinical and personal records in those bins which are picked up twice a month or as needed by the storage and document destruction company.</p> <p>The Administrator provided records that the staff were inserviced on HIPAA in January 2010 and March 2010, as part of their ongoing education. The inservice record revealed the sign in sheet for January 2010 HIPAA inservice included the signature of the Social Service Director in attendance. The Social Service Director failed to follow HIPAA policies in the proper disposal of residents' clinical and personal records.</p>	F 164			